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Article:
Ming, LC, Hadi, MA orcid.org/0000-0003-0108-7833 and Khan, TM (2016) Transgender health in India and Pakistan. Lancet, 388 (10060). pp. 2601-2602. ISSN 0140-6736

https://doi.org/10.1016/S0140-6736(16)32222-X

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Transgender health in India and Pakistan: Mismatch between equal legal right and access to healthcare

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Winter et al.[1,2] reported a much neglected health issues of transgender people whom have been officially recognised as "third gender" citizen registration category in Nepal, Pakistan, India and Bangladesh, in as early as 2010. Locally known as hijras (hijra), this civil recognition is profound for their social right because it translates into confirmed allocation into government and education quotas. Despite the legal recognition, access to quality healthcare is alarmingly limited compared to their cisgender counterparts. More concerning is their engagement in health promotion and disease prevention activities especially related to sexual health, putting them at a higher risk of sexually transmitted infections (STIs) including HIV. HIV prevalence among transgender people in India is estimated at 14.5%. In Pakistan the HIV incidence among transgender people contributes up to 17.5% of the entire HIV population. [3,4] Moreover, in Pakistan, approximately 71% of the transgender sex worker-cum-injected drug users have sexual relationship with other drug-users and up to 33.7% of them did not use condom in the last coitus with their clients.[5] Similarly in India, the use of condom during anal sex remains low and almost two thirds of transgender people have no access to treatment of STI. Of the interviewed respondents, only 59.2% (n=277) have been referred for HIV testing and up to 67.1% have not been given proper counseling on anti-retroviral therapy (ART) adherence even though the medication has been given.[6]

In addition, due to the social discrimination and stigma most of the transgender people in India and Pakistan have no opportunity for schooling or access for higher education, eventually leading to poor health literacy. Even though the transgender in Pakistan and India have been given their civic identity, they are still vulnerable to verbal and psychological abuse by the medical personnel.[7] Not surprising that in Pakistan, HIV prevalence among transgender sex workers are eight time higher compared to the cisgender counterpart. In addition, there are hardly any anti-discrimination laws in place which voice to safeguard equality in health care access for transgender in Pakistan and India. Albeit with a prominent visibility of hijras in the community such as contesting for local, provisional and national legislative assemblies, there is still a long way to go before they can elicit political support and destigmatize their former identity in order for them to receive proper medical care and prevention measure against STI and HIV.

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